

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 18 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyi				
	st's partnership, firm	or corporation, if an	y:	
Le	gislative Solutions, L.I	C.		
(1	Name of partnership, firm	or corporation)		
_	P.O. Box 10724	Bedford	NH	03110
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
603-986-9	145 ()	e-mail dbeek@ac	ol.com
(Telephon	e)	(Fax)		
II. This statemen	t covers: (Choose one	- file separate reports	s for each client, OR you ma	y file a separate re
eportable expense	e transactions which a	re not attributable to	any one client).	
All reportable to	ransactions occurring in	the months prior to th	e reporting date relative to the	e following client:
	_	-	, -	rono wing enom.
		nnovation Organizati as it appears on the Lob		
<u>OR</u>	(I dil Name of Chem	as it appears on the Eoo	oyist Registration (offin)	
	ansactions by the lobby	ist (including the lobb	yist's family), or the lobbying	firm listed below v
inrelated to any pa	rticular client.			
V Data of Banar	4 Amril 26 2017 S	đ	Indu 26 2017 🗆	
V. Date of Report Reports cover: ac	t April 26, 2017) ctivity from date of registi	xation to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/17	
-	October 25, 2017		January 31, 2018	
	October 23, 2017	L_]	January 31, 2016 L.J	
	activity from 7/1/17 to		activity from 10/1/17 to 12/31/	17
lf this box is checke	activity from 7/1/17 to een no fees received ed, complete just this for	9/30/17 and no reportable t	•	ne last report.
lf this box is checke Concord, NH 0330	activity from 7/1/17 to een no fees received ed, complete just this for 1.	9/30/17 and no reportable to the	activity from 10/1/17 to 12/31/	ne last report.
lf this box is checke Concord, NH 0330 VI. Check if addit	activity from 7/1/17 to een no fees received ed, complete just this for l. ional reports are attac	9/30/17 and no reportable to the mand submit it to the hed:	activity from 10/1/17 to 12/31/	ne last report. Late House, Room 2
If this box is checke Concord, NH 0330 VI. Check if addite If you have rec	activity from 7/1/17 to een no fees received ed, complete just this for 1. ional reports are attac eived fees or made exped d an honorarium or rein	9/30/17 and no reportable to mand submit it to the hed: enditures, you must file	activity from 10/1/17 to 12/31/ cransactions made since the Secretary of State's Office, St	ne last report. tate House, Room 2

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A





I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karoutas, Leann Moccia II. Name of lobbyist's partnership, firm or corporation, if any: Legislative Solutions, L.L.C. (Name of partnership, firm or corporation) III. Name of Client Biotechnology Innovation Organization Date April 18, 2017 IV. Fees Received Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying, including fees for services such as public advocacy, government relations, or public relations services including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses: a) \$ 19,598.10 a) Total of all fees received in this reporting period b) \$ 0 b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year) c) Total of all fees received to date c) \$ 19,598.10 (Add lines a and b) d) Indicate the amount of any such fees that are due, but have not d) \$ 0 vet been paid V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A. a) Total aggregate expenses for this reporting period for salaries, benefits, a) \$ 19,598.10 support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported b) \$ 0 in a), of \$25 or less. c) \$ 0 c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 19,598.10
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ 19,598.10
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
	April 18, 2017
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

.

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Legislative Solutions
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): 6. (Lethic Sy Innumber) ORSAN, Zahi v
Date of Report (check one):
April 26, 2017 ☒ July 26, 2017 □ October 25, 2017 □ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date)
Robert Clegg
(Print Name of lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Legislative Solutions
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): BICHELLING DESTRUCTION OF COMPANY CONTROL OF C
Date of Report (check one):
April 26, 2017 D July 26, 2017 D October 25, 2017 D January 31, 2018 D
have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and he following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. Signature of lobbyist) Periklis Karoutas
Print Name of lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partn	ership, firm, or corpo	ration: Legislative S	olutions
Name of Client (leave bl particular client):	ank if Statement is fo	r the partnership, firm, or	corporation and not related to any
Date of Report (check of	ne):		
April 26, 2017	July 26, 2017 □	October 25, 2017 □	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of m			nt and each Addendum is true and
(Signature of lobbyist)	oun		April 18, 2017 (Date)
Leann Moccia			
(Print Name of lobbyist)			